The MEDICAL MISSIONARY

OUR LADY OF LIGHT

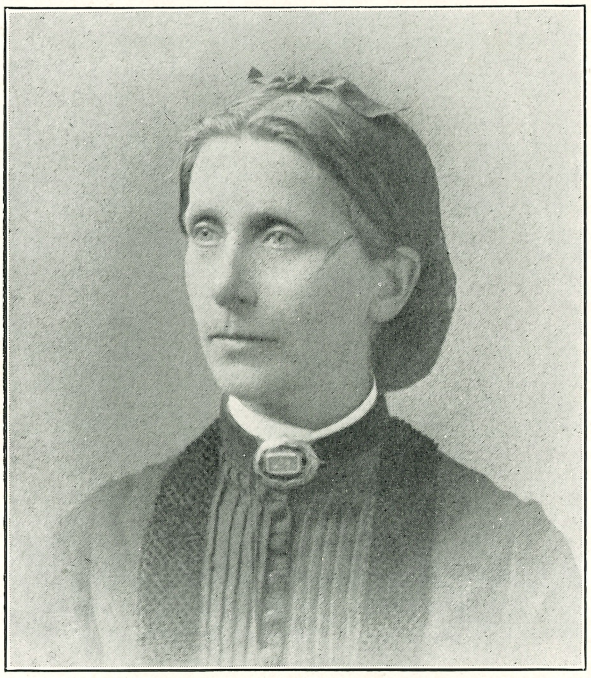
Much treasured statue at the Medical Mission House

Vol. III. MAY AND JUNE, 1930 No. 9

OUR LADY OF LIGHT

An Explanation of the Front Cover

CATHOLIC Brookland, the site of the Catholic University of America, owes much to its pioneers. Of these one of the most interesting was Miss Antoinette Jeanne Marie Margot, born in Lyons on the first Friday of June in 1843 of a Huguenot family. She was converted to the Catholic Church through witnessing the miraculous cure of a little girl by the Curé of Ars. She was an artist of distinguished ability. Her picture of Charlotte Corday, showing the French girl selecting the knife with which she killed Marat, was awarded a gold medal by the French Academy. Among her works of art was also a picture of St. Elizabeth, which she sent to Father Damien to Molokai as a tribute of his heroic work.



MISS ANTOINETTE MARGOT

During the Franco-Prussian War, Miss Margot's heart went out to the wounded soldiers, whom she wanted to nurse, but as in those days only Sisters were recognized as nurses, Miss Margot had to study medicine to achieve her end. She then joined the Red Cross. At this time she made the acquaintance of Clara Barton, who had come to Europe to witness the war in order to learn the organization of the Red Cross.

Clara Barton urged Miss Margot very much to come to the United States, to which she finally consented in 1885. But religious and other differences soon caused a parting of the ways of the two women.

Miss Margot came to live in Brookland, where there was no parish Church at the time. From September 19, 1891, to August, 1892, Mass was offered in her house, which, through the permission of Cardinal Gibbons, had become the nucleus of a parish. The new Church building was opened June 13, 1896, on the feast of St. Anthony, and later the Church was named after the great Saint. From the foundation of the parish until 1921 this great woman taught over 250 sanctuary boys their Latin and the manner of serving Mass, and she was the sacristan all these years.

Miss Margot, who was a society leader in her youth, a linguist, an artist, a nurse, one whose intellectual attainments were of the highest order, spent the last 25 years of her life as an ascetic in her home in Brookland. She lived with Miss Leonie Delarue, a devout French lady of her age. By common agreement, both wore the simplest, least costly clothing, ate the simplest foods and completely avoided paid entertainments. Their purpose was to save every cent possible for charity and Church work. Miss Margot built a large house in Brookland, which she gave to the Catholic University.

Telling the story of her life, as briefly described here to Sister M. Barbara McCarthy, M.A., Ph.D., of Nazareth College, Michigan, Miss Margot said: "And this has been my life. I am now 82, very much disabled and waiting patiently till God in His Mercy calls me." The wait was not long. God called her to the reward of a saintly life the same year on December 26, 1928.

Miss Margot is of special interest to our Society, because a miraculous statue, owned and much treasured by her, came into our possession through a friend.

The story of the statue, as told by herself, is this: "The varnished plaster statue is a representation of the enormous statue which stands on the tower of the old Church of Fourvière. It was standing on a chest of drawers in the office beside the desk of my saintly godfather. There was a gas jet between the two articles of furniture. I saw it myself, and he himself told me what I am going to relate.

"He went every evening in May to May devotions; leaving the room, he lowered the gas, for he was very careful. Never anything unusual in connection with it happened to him. His old servant, Marie, as careful as her master, lowered the gas if she was obliged to use it for some work in the office during his absence; Mlle. Adeline, the young librarian, did the same and everything was in order. One year, however, I do not know which, something unusual happened. The first evening of May devotions my godfather lowered the gas as usual before leaving. On his return after Benediction, he found his gas blazing up. He was surprised, lowered it, and called Marie, telling her not to forget to lower the gas after having used it. Marie had not been in the office at all. Then he called Adeline; she also had not been there. He considered it a serious affair, as he had never seen the gas blazing so much. The next day he made sure that the gas was properly lowered. He went out last and returned at the same time as Marie and Adeline, but the gas was blazing up as the night before. The third day he locked the office and took the key with him. On his return, however, the gas was blazing more than ever. The fourth day he put the gas out before leaving, but, upon opening the door, which had been locked, he found the same thing. He called the plumbers for inspection, but they found nothing unusual. The fifth day the same thing happened, and during the night, after he had retired and was thinking of the refractory gas, being quite puzzled, Our Lady appeared to him. He did not know whether it was a dream or a vision, but She approached his bed and smilingly said: 'My son Justinian, how is it that you do not understand that I wish to be honored in your house by a light in front of my

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The MEDICAL MISSIONARY

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EDITORIALS

THE EUCHARISTIC CONGRESS ON MISSION SOIL

CARTHAGE, founded by a woman, Queen Dido, in the ninth century B. C., once the mistress of the Mediterranean, has an eventful history of greatness and splendor, of riches and learning, of looting and plunder, of paganism and glorious Christianity behind her.

Since her first Missionary, who was a disciple of St. Paul, entered her gates, Carthage has produced great saints and martyrs. The well known maxim: "The blood of martyrs is the seed of Christians," was first uttered in Carthage where the arena was constantly flowing with the blood of Christian heroes and heroines. With the exception of Rome, no other city gave to the Church so many illustrious sons and martyrs.

Thanks to the untiring efforts of the White Fathers, remains of magnificent Christian Churches have been discovered; also works of Christian art such as the picture of the Adoration of the Magi, from which the representation of Our Lady of Carthage has been taken, which is being widely distributed in connection with the Congress. St. Cyprian, one of Carthage's glorious martyrs, is honored with a beautiful basilica, which is also known as the "Church of the Tears of St. Monica," in remembrance of the Vigil kept by the Mother of the great St. Augustine on the night when the prodigal son left Africa secretly for Rome.

Carthage is also the city where a great Modern Apostle, Cardinal Lavigerie planted the Motherhouse of a zealous army of Apostles to bring light to the dark continent.

Carthage is the city where this year Our Eucharistic Lord will be carried in procession to be adored by black and white, by High Church dignitaries, by missionaries, men and women who are pouring out their strength that Africa from north to south, from east to west, might know and love and serve him, by pilgrims from America, Europe and from many parts of Africa and the Orient.

In spirit the whole Catholic Church will be in Carthage to join in the great public demonstration of Adoration and Thanksgiving.

Our Lady of the Blessed Sacrament is the object of special consideration. Of all titles given to our Blessed Mother the one chosen for the topic of the Congress and "Cause of Our Joy" are the most related. Having brought our Saviour into the world, Who deigns to remain with us, to become one of us, she is truly *the Cause of our Joy.*

The Eucharistic Congress on Mission soil will no doubt bring great blessings to Africa where indeed the harvest seems more ripe than anywhere else.

MISSION INTEREST AMONG THE EDUCATED

Mission interest among the educated is the mission intention of the Apostleship of Prayer for the month of May. If the united prayers of the members obtain an increased interest in missions on the part of the educated, a great step forward will have been made for two obvious reasons. First, mission work itself requires educated people. The Holy Father expressed this so beautifully and clearly a few years ago when viewing the Medical section of the Vatican Mission exhibition: "We are living in times when unenlightened heroism is not enough." Secondly, educated people as a rule have more influence and means than the uneducated and through both, they can contribute much to the progress and success of the work. The missions as a matter of fact *depend* on the army behind the lines. What could not be achieved if more educated people would take a vital interest and make sacrifices to promote the work of missionaries, to help them to build churches and chapels, to support catechists, to establish schools, orphanages, hospitals, dispensaries, printing presses, etc.?

Only a few months ago Our Holy Father said to our Missionaries in a private audience granted to them, that it was his great desire to foster public interest in *Medical Missions.* And who but the educated can grasp the magnitude of the field, the greatness of the scope, the potency of supplementing the preaching of Christian charity by deeds of charity? With the educated also rests greater responsibility; they have been given more talents to trade with and woe to them if they bury them, instead of using them to enlarge and enrich the Kingdom of God.

YOUTH

In the natural order of things, who can imagine a greater gift of God than youth? In the spring-

(*Continued on page* 11)

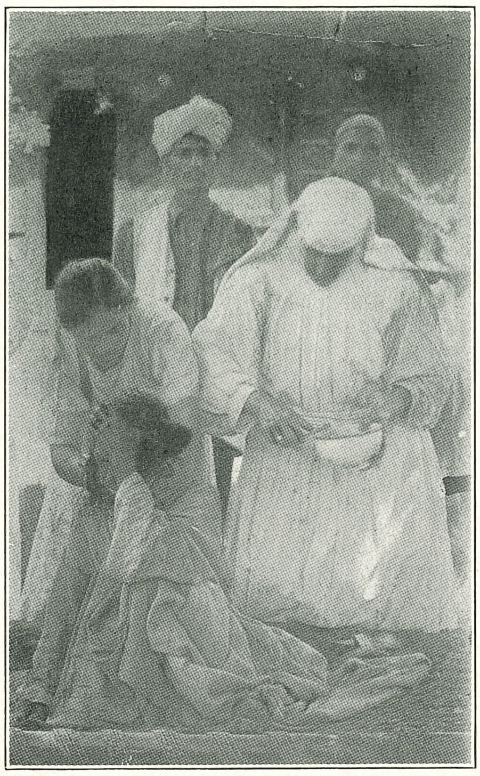
ORIENTAL WOMEN I HAVE MET

By Dr. Anna Dengel

ON the mission field one meets with a great variety of ambulances. Sometimes it is a Ford becurtained on all sides to hide the Zenana ladies; other times a bullock cart, occasionally the husband's back. I am thinking now of a woman who was brought to the dispensary in Kashmir on a string-bed. Four men carried what at first sight seemed a bundle of rags, from which, however, a middle-aged, worn figure soon emerged slowly and languidly pointing to the back of her neck. There I noticed a large swelling, covered with the familiar marks of leech bites. It was evident that neither face nor clothes had come in contact with soap and water for a long time. From past experience, I knew that people of her kind object to a sudden complete cleansing process, so I confined myself to the area of the abscess which had burrowed extensively and deeply on account of the long neglect. There was a great satisfaction in opening it, for it gave the patient great relief. Her home was several miles distant in a mountain district and as she required dressing twice a day, we coaxed her to stay. We gave her a shelter and a mat in the Mission compound, her own relatives stayed with her and provided her with food. For a week she underwent regular treatment. Then she began to yearn for her home and in order to have an excuse to leave, she said, with crocodile tears in her eyes, that her father had died. (In the East whenever an excuse is needed to go home, parents and relatives die over and over again.) After a great deal of persuasion she decided to stay for two weeks with relatives in a neighboring village. I rode over every morning to treat her. The short ride through the rice and corn fields was delightful. The village was a typical Kashmiri village, delapidation and dirt being the keynote. The houses are two stories high and made of a foundation of sunburnt bricks, the remainder of wood. The doors and balconies are sometimes gracefully carved in the native style. The windows are high up as a protection against thieves and have no glass. In the winter thick oiled paper and shutters keep out the cold, light and air. The roofs are mostly of mud, held together by the roots of the grass growing on them. The living quarters are upstairs in the warm weather, in the cold, downstairs; the people to one side, the cattle to the other. They keep themselves warm carrying small portable charcoal stoves, the so-called kangris, which are responsible for many burns.

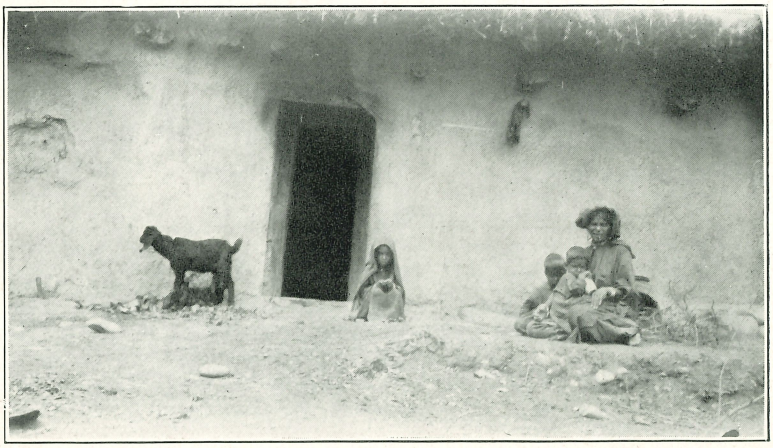
Being summer, my patient was in the upper story. As I was climbing the first step to go up, I noticed a goat appearing at the door above with the obvious intention of coming down, so I had to wait until she had jumped past. Then I proceeded and when I entered the house, I found myself in a large barn-like space below the roof. It was divided into four areas by low walls to provide for separate quarters for several families of the household. You could go from one so-called apartment to the other by creeping through a hole or jumping over the wall. I chose the former to reach the patient. There she was lying on the floor on straw just barely able to roll from side to side, her clothes not fit to be touched, her dressing deranged, and for truth's sake, although it is not pleasant to mention it, her hair was alive with pediculi. Looking around, I noticed a little stove and two or three earthenware cooking utensils on the floor, also two large earthenware pots for grain; no other furniture, no other convenience of any kind. A few hens were walking about. This space of the size of a small room and its contents are for a whole family. It makes one realize how little it takes some people to keep body and soul together.

My poor patient was not very effusive. She allowed herself to be dressed and was very patient. She hardly said a word. My only reward was that after weeks of treatment she recovered and that more and more patients from her village came to the dispensary, where they were helped as far as was possible and where at least they could see Christianity in action.



"THE MOST SATISFACTORY ABSCESS I EVER OPENED. PINTS OF PUS FLOWED FROM IT."

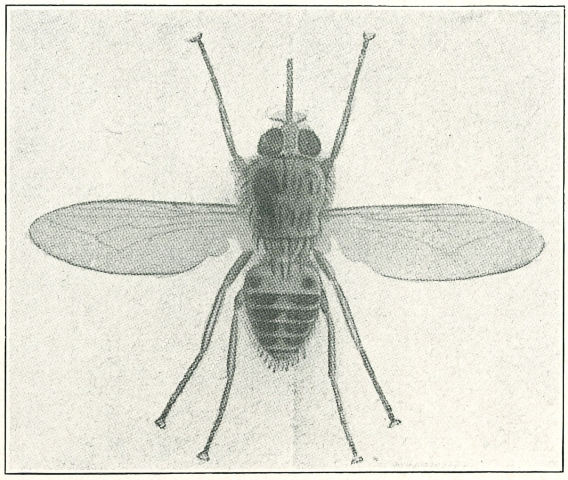
Pray the Lord of the harvest for laborers in the vineyard. Medical Missionaries are needed in India, Africa and China.



KASHMIR HOME TAKEN BY SISTER AGNES MARIE. "THE GOAT AND A CHICKEN STEPPED OUT JUST AS I PASSED. BUT THE CHICKEN BEING BASHFUL DECIDED TO GO BACK INTO THE HOUSE WHEN I WAS READY TO SNAP THIS."

THE FIGHT AGAINST SLEEPING SICKNESS

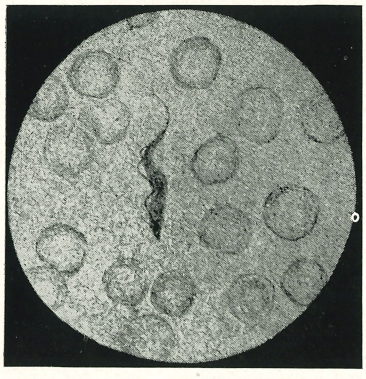
FOR hundreds of years sleeping sickness has been one of the bugbears of Africa; it exists on the West coast, from Senegal to Mossamedes. It is very common in Uganda and the Congo. The most virulent form is found in Rhodesia.



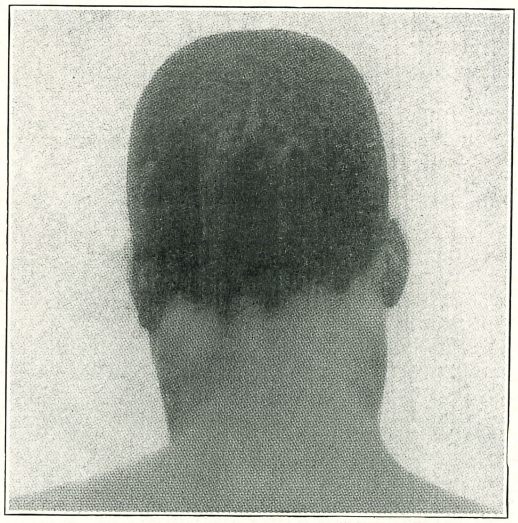
GLOSSINA PALPALIS, CARRIER OF SLEEPING SICKNESS

As late as 1901, the offending trypanosome was found for the first time by Forde in the blood of a patient in the River Gambia Colony. The trypanosome is a parasite which belongs to the vegetable kingdom and is so small that it requires a microscope of 1,300 magnifying power to be able to study it carefully. It is carried by a fly called Glossina palpalis, whose favorite habitat are damp and shady thickets of grassweeds and bushes. Unlike the mosquito which remains at home during the day, the Glossina is about irrespective of the hour of the day or night. When it bites victims of the disease, it imbibes the trypanosomes which multiply rapidly in the intestine of the fly and wander from there to the salivary glands in from two to four weeks. When the Glossina bites, it invariably instils an infinitesimally small drop of saliva into the bite, presumably to lessen the too rapid coagulation of the blood. Once infected the fly remains infective its whole life, the span of which is about 185 days. Fortunately only a small percentage of flies which feed on infected human beings or animals become infected.

The victim of the bite of an infected fly may not even notice the sting, but the consequences are bound to come and make themselves first felt in a few weeks as slight recurring attacks of fever with intermissions, during which the patient feels well. Large numbers of trypanosomes are already found in the blood at this time. The first stage of the disease may last for months without any apparent aggravation, resembling somewhat chronic malaria. But sooner or later, a generalized swelling of the lymph glands settles the diagnosis. This has been known as a characteristic sign for a long time, so much so that slave traders, for instance, were always on the lookout for enlarged glands of the neck. The enlargement of the lymph glands is designated as the second stage of the disease and according to Ruge it may take from 3 to 12 months before the third stage is reached which is characterized by the invasion of the central nervous system by the parasite. At this stage the mentality becomes more weakened and the native from being happy and willing to work becomes depressed and lazy. There is a tendency to look blankly and vaguely into the distance. The tongue and hands become tremulous and the speech slow and disturbed. The patient tends to sleep even in bright sunlight; when aroused, if not too far advanced in the disease, will answer but only slowly and apathetically. The end is heralded by a terrifying emaciation, which presents the patients as a skeleton stretched over with skin, a rapid and feeble pulse and a very low blood pressure. Convulsions also may occur. Not rarely pneumonia or some other disease hastens the end. At the very most, the duration of the last stage is two years.



TRYPANOSOMES IN THE BLOOD



Colonial Magazine

SECOND STAGE OF SLEEPING SICKNESS SHOWING ENLARGEMENT OF GLANDS OF THE NECK

Science aims both at prevention and cure. Prevention consists in cutting down thickets, and drying up swamps, thereby depriving the Glossina palpalis of its favorite breeding places; forbidding natives, if possible, to live in infected areas and of covering the body with strong smelling substances to keep away the fly. Mosquito nets are a protection by night. As remedies, antimony and

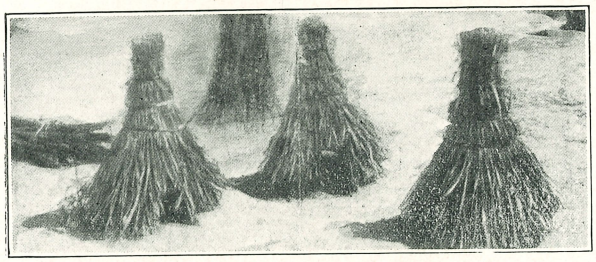
Colonial Magazine

EMACIATION IN LAST STAGE OF SLEEPING SICKNESS

arsenic have long been used with more or less success; for the last few years a German synthetic drug named Germanin (a naphtol-ammonia combination) has been experimented with, which has been proved of use in the early stages. A great deal of research remains to be done to rid Africa of this great scourge which is such a factor in retarding progress of every kind in the affected districts.

There are several varieties of flies popularly called tsetse flies which are carriers of the causative agent of sleeping sickness. Besides man, domestic animals are also affected by the disease, which, needless to say, result in great loss and difficulty of raising cattle in the badly infected areas.

The Catholic Belgian Mission to the Congo has already done some valuable work towards the enlightenment of the natives of the causes of the disease thereby enlisting their cooperation, without which the situation would be hopeless.



SO-CALLED "SPIRIT HUTS" MADE OF STRAW BY THE NATIVES TO INDICATE THAT MANY PEOPLE DIED IN THE LOCALITY, PRESUMABLY OF SLEEPING SICKNESS

A SIMPLE RAT TRAP

The top is removed from a kerosene tin which is then sunk in the ground so that the top of the tin is flush with the ground level. The tin is then half filled with water. This is all that is necessary. The rats in their efforts to get to the water, fall into the tin and cannot get out. By this means two to five rats per tin per night have been caught in this district. As soon as the nightly catch fails, which it usually does in four to five days, the site of the tin is changed.

Tins should be sunk in places where other supplies of water are not readily available, and the tops of the tins may be camouflaged with leaves or straw.

The advantage of this very simple method are that the materials are available in any village, the method is fool-proof, no bait is required, tins need not be handled, the rat fleas are immobilized if not drowned, and the kerosene tins are cheaper than traps.

The method was first introduced by Dr. K. A. T. Martin in South Africa.

Taken from the *Indian Medical Gazette*—C. J. Stocker, Major, I.M.S., Civil Surgeon.

THE FIFTH ANNUAL CATHOLIC ANTHROPOLOGICAL CONFERENCE

(*Continued from page* 13)

Three distinct strata of society are in evidence, nobility, commoners and slaves. Wives, taken from the same class are obtained by the purchase system. Blankets are the chief means of exchange. Bartering may be prolonged many days before the consent of the head of the family is given. An elaborate, picturesque ceremony follows, during which the aforesaid blankets are returned to the bridegroom to be distributed among the wedding guests. Taboos of consanguinity are to be found. Polygamy is common. Widows may be adopted by some other male members of the family.

Dr. Cooper summarized the views expressed by the other speakers and brought out in a forcible manner the position of women in the Early History of the Family. Conjugal affection was universally found. Kinship taboos are to be found in every community. Among primitive people the attitude was hard to explain, since it was not observed from any consideration of the health of the offspring, as is true of people of a later period. Where the sexes grow up promiscuously such a taboo prevents immorality and appears to be an instinctive reaction against close intermarriage. Monogamy is everywhere found among very primitive people. Among the more advanced, polygamy is practised, possibly as a result of warfare, wealth or desire to advance social prestige. Polyandry was sporadic. Group marriages were very rare and trial marriages more common, but not universal. The method of procuring a wife differs among peoples, generally the parents decided, yet the love element was not lost sight of. The purchase form as a cold commercial transaction was very rare. On the whole the family itself as a social fundamental was universally recognized and mutual affection was the basis of family life—Sister Ann, B.Sc.

BISHOP CROWLEY C.S.C. WRITES ABOUT OUR NEW MISSION IN BENGAL

Bishop's House
Ramna, Dacca,
Bengal, India.

April 1, 1930.

DEAR DOCTOR DENGEL:

I really feel I should have written to you many weeks ago to thank you for the exceedingly great favor you have shown Dacca in sending the Mission two of your zealous members. I hope Our Blessed Lord will reward you and your community in ways He knows best.

By no special pre-arrangement the Sisters began their apostolate, not on the 15th March as suggested by you, but two days later, on no less a day than the feast of St. Patrick himself. In this I am sure you will see the delicate touch of the hand of Providence. I am sure the Sisters of the Catholic Medical Mission will do very much for the Church in pagan Dacca. The Magistrate remarked to me the other day that he was particularly pleased to notice the happy and cheerful way in which the Sisters regarded the many difficulties inseparable from pioneer work. On account of the hostile spirit created by the publication of Miss Mayo's book "Mother India," against Europeans, and particularly Americans, it is interesting to hear reports from the Indian ladies of Dacca regarding their first impressions of the Sisters. At first they supposed that the Sisters would be spies of Miss Mayo. Now, however, after a few short weeks of experience with the Sisters these same ladies propose to work for an exclusive woman's hospital for Dacca.

I give you these brief details that you may infer in what blessed apostolate the Sisters are engaged. No doubt, Sister Laetitia writes you regularly about her work. I am very happy that she has the good sense to realize that difficulties are inseparable from almost all beginnings. As a wise nurse she realizes the curative effect of time. Most of the present difficulties will "iron out" in time. However, I have assured the Sisters that as their work is so clearly Christ-like, the devil himself must, in a manner, *ex-officio,* stir up and keep up trouble in one quarter or another. I tell them that we must be ready for every form of opposition, inspired by the devil or his agents. However, with the help of God's grace, we shall not be so foolish as to feel frightened at every shadow. I have written to Fr. Mathis to recommend the Apostolate of the Sisters to his Praying Associations, so that God may show special mercy and protection to the Dacca apostolate. I am convinced that very much spiritual good will be done by the Sisters in places hitherto out of reach of every christian influence. By reason of their work the Sisters associate not only with the special friends of Our Lord Himself, the poor, but also with the well-to-do ladies of Dacca—both the modern ones and the Purdahnashin.

As 4,000 babies are born in Dacca City annually, and close on one-half of these die within the first year of their age, it is obvious that the Sisters will have wonderful opportunities of a purely spiritual kind, relative to these babies, not to speak of the number of mothers that pass off with their babies annually. Unless all signs conspire to deceive me I am of opinion that the Sisters will find that their field of spiritual activity will prove quite as fertile, and even larger than a Catholic hospital entirely under the auspices of the Sisters themselves. In the Dacca Apostolate the Sisters have nearly all the spiritual advantages that they would have in a Catholic hospital and with none of the financial and administrative worries attached to an "Hospital plant." It will become, for example, the duty (or should I say the privilege) of the Sisters to watch over the 4,000 babies born in Dacca every year. The Sisters will have the opportunity of visiting each one of these homes. I am sure you can imagine the opportunity which this will afford the Sisters of preaching the Catholic Faith by the best of all sermons, a Christ-like example. The poor pagan women, so unused to any kindly treatment, still less to the delicate attention of Catholic charity, will react in due time to the heavenly influences brought into their lives by contact with the Sisters. Unfortunately your experience of India has been confined to the rigidly orthodox hindus and mussulmans of the North. In Bengal the people are altogether different temperamentally from the Northern races, and every year old-time traditions and superstitions are losing hold on the people here. The Bengalis have become accustomed to change, so that I am convinced the reaction to the blessed influences of the Sisters will be most consoling indeed. You quite understand that I am not so foolish as to expect that conversions will immediately follow. But from the fate of the good seed on the stony ground, on the public highway, and amid thorns and briars, you will infer the necessity of preparing the ground for the good seed. To this preparation, under God's guidance, the Apostolate of the Sisters will greatly contribute. At least, the Sisters will demonstrate Catholic charity in places out of reach of every other form of missionary agency. Surely that is not a small matter. The medical missionaries carry the most appealing and distinctive teaching of the Gospel into the very homes, which are the sanctuaries of paganism. And the visit of the Medical missionary is at a time when the attention, that only Catholic charity can inspire, is most appreciated. Sick people are very observant and remember for long the kindness shown them in the time of greatest need. From all this you will infer how I shall do all I can to help the Sisters in every way. If only for the reason of a Guard of Honor to Our Lord permanently, I am very pleased to hear that you are trying to arrange for the coming of a third Sister to Dacca. She would of course be the greatest help in case either of the other two required a rest. But I hope everything will go on well till the third Sister will be free to come. By the time you come to Dacca yourself, the Sisters will have their program well organized, and I am sure many consoling results to show you.

I realize that you are anxious to hear how the Dacca Community gets on. I assure you that I will do all I can to smooth the way for the Sisters. I beg of you always to remember us in the prayers of the community.

Again thanking you for your special favor to the Dacca Mission, I remain, Dear Dr. Dengel,

Yours respectfully,

✠T. CROWLEY, C.S.C.,
Bishop of Dacca.

(*Continued from page 2*)

statue?' Filled with awe he exclaimed: 'My Good Mother, why did You not tell me before?' Our Lady disappeared; he jumped up to light the gas—a little flame like a night light—which he continued to burn day and night in Her honor. Since then he could lower the light as before when he left and it always remained as he had left it.

"My saintly godfather died in 1876, on the anniversary of the apparition. Later, in 1877, I went to his house trying to get a souvenir and to make inquiries about the Statue of Our Lady. It was in the attic, covered with dust. Nobody had any use for it, and it was given to me with great pleasure. It was evident that he had not related the history to anyone of his household. I took it away as a great treasure, cleaned and mended it, and always kept a light before it."

The statue is now in the Chapel of the Catholic Medical Mission House; a light is kept before it day and night.

VISIT OF MISSION SOCIOLOGISTS

DURING the past month we were honored with a visit from two well known Mariannhill Mission Sociologists from South Africa, Rev. Father Bernard Huss and Rev. Father Emmanuel. They told us about their work among the African natives and related many interesting as well as amusing incidents.

One of the surmountable barriers confronting the missionary there, as in other mission countries, is the language—rather, languages. The clicks or cluck-like sounds used in some of the tongues of South Africa are certainly tongue twisters. The sounds are made by pressing the tip or edge of the tongue against the roof of the mouth and withdrawing it by a sucking action. Different clicks are produced by placing the tongue against the front or the back of the palate or the side of the mouth.

The individual fingers and the hands are used to indicate numbers in a rather striking manner. The little finger on either hand signifies one, while the thumb always signifies six. In English, by one word, we denote a whole class of animals, as for instance, oxen. In Bantu, each ox has a name all his own. If out of a herd of 100 oxen, one is missing, the native, on returning home will not say that only 99 are there, but that the ox with the white band on his left foot has disappeared from the drove.

Although no one is invited, everyone is welcome to attend the African marriage ceremonies which take place before an officer of the town. The guests must remain until all the food prepared for the wedding feast has been consumed. The price of an ordinary bride is 10 oxen which must be presented to the bride's father. The heavier the bride in some cases, the more valuable she is. The price of a chieftain's daughter depends on the rank of the chief.

The natives have the idea that sickness is caused either by external circumstances, such as, a quarrel, or that someone has exercised an evil influence over them. They do not ask *what* has caused the disease, but *who* has caused it. Witch doctors are very common and still enjoy the confidence of the people. Their trade mark is usually a necklace of lion's teeth and of horns, which serve them as vials for powdered lion's teeth, etc. The precious powder is sprinkled on the body to give strength; the witch doctor is not only the know-all and cure-all doctor for human beings, but also for cattle and for fields. Even the latter are besprinkled with powdered lion's teeth. The witch doctors are also oracles. Rev. Father Bernard said that there is no doubt that they have sometimes mysterious powers. He related of an instance where one of his confreres went on a sick call, but could not do anything because the witch doctor was there who made a lot of trouble. The following morning very early the priest sent his assistant to remove the witch doctor by physical force if nothing else availed. The priest set out and found the dying patient alone with the relatives who told him that 15 minutes ago the witch doctor said that it was high time for him to go now as the priest was just starting on his way to the patient. The time the witch doctor said this, was the exact time the priest started on his journey.

He also told us that on one occasion a large herd of cattle was stolen from white traders. They went to the witch doctor and promised to pay him well if he told them where the cattle were. He asked them to wait for a few minutes, when he emerged from his hut, he told them that the cattle were on the banks of a certain river several hundred miles away. They went there on horseback and found the cattle on the place described by the witch doctor. Not rarely witch doctors are women.

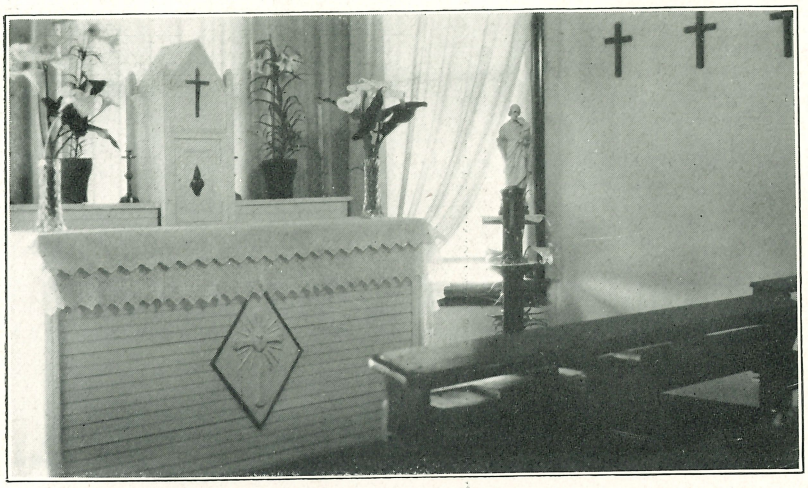
Regardless of his haste or the urgence of his errand in calling upon the natives, the missionary must leisurely and nonchalantly deposit himself upon the floor of the hut and either proceed to regard the actions of the inmates of the household, or he may sit there blissfully oblivious of his surroundings. After being completely ignored for half an hour or more, the man in charge will condescend to utter a perfunctory, "We saw you." Lest the missionary be guilty of a breach of etiquette, he must needs answer, "I saw you, too." Only now is the message allowed to be given or the errand stated. If perchance a missionary has lost his way, he is eventually redirected by a passing native. But far be it from the latter to redirect him before he has learned the why and wherefore of the journey. Patience is inborn in the native, but it is thrust upon the missionary.—SISTER ALMA.

CHINA

Child slavery is still prevalent in parts of China. Thousands of girls are sold every year at Hongkong and its hinterland. Most of them have been kidnapped or sold by their parents during times of famine. Their brothers are more fortunate for they are rarely sold due to the high value placed upon boys in Chinese culture. The British are now renewing their efforts to stop the practice in the area which they control but the slave owners are trying to evade the issue by legally adopting the children. The authorities are also developing plans to eliminate footbinding and to reduce the high infant mortality rate which is said to be 730 per thousand births annually.—*Sociology and Social Research,* January and February.

Promote Medical Missions by subscribing to THE MEDICAL MISSIONARY. Address Catholic Medical Mission House, Brookland, Washington, D. C., U. S. A. Subscription, $1 a year.

THE SOCIETY AT HOME AND ABROAD



CHAPEL AT THE MEDICAL MISSION HOUSE

SISTER AGNES MARIE, R.N., one of the first four members of the Society and pioneer of the Holy Family Hospital in India, was recalled recently to the Motherhouse to act as Directress of Candidates. First-hand information was not only most interesting, but also very helpful. To the questions what do you need the most out there, she answered most emphatically: NURSES.

During the month of May, many fervent prayers go to Heaven for vocations. May the Patroness of our Society, Our Lady, Cause of our Joy, obtain for more and more young women the beautiful vocation of devoting their lives to the care of the sick in Mission countries.

GARDEN PARTY

The weather man was with us on May 4th, when a number of zealous workers of the Surgical Dressing Units of Washington, D. C., visited the Medical Mission House. The trees, the songsters in them and the warm spring air, all combined to make the outing not only a visit to learn more about Medical Missions and the work of our Society, but as somebody remarked, it was in the nature of a spring tonic to be in this atmosphere of sunshine, green trees, and happy faces of budding Missionaries.

The Surgical Supply Units, organized under the leader and tutorship of Mrs. Reinoehl, have already achieved a great deal. In January a good sized consignment of dressings were given to our Missionaries to take to the Holy Family Hospital in Rawalpindi. The Units also prepared dressings for the Medical kits which the Medical Mission Board of New York is sending to Missionaries in different parts of the world.

The money for the kits ($25.00 each), was donated as the result of an appeal made by Rev. Edward Garesché, S.J., who asked our Society to undertake the planning and getting them together. Sister Margaret Mary, R.N., devoted much time and thought to them.

Sister Mary Laetitia writes on March 1, 1930, from St. Michael's House, Segun Baghicha Ramna, Dacca:

Tomorrow or the day after we are going to have the Blessed Sacrament. Deo Gratias! The Bishop is very good to us and has helped us in every way. He is going to give us the altar; it will not be ready for a month or more, but in the meantime we are having a tabernacle fixed on a table. Every now and then Bishop Crowley appears at the door with a bundle of candle-sticks or altar linens, etc., under his arm.

We are working in two centres. I have one and Sister Helen has the other. All the people speak Bengali, that is, the midwives and dhais, with the exception of a woman sub-assistant surgeon, but as she is very seldom there that doesn't help us much.

You can't imagine the misery and poverty of the homes into which we go. Most of the homes are made of bamboo, some with tin roofs, if the people can afford it; if not, just bamboo. It is more of a latticework than a house. Most of the women lie on the floor on a reed mat; they have nothing! A handful of filthy rags usually, sometimes, however they are clean. The poor little baby lies naked on the mat or on a thin piece of old rag. When the rain comes (the storms are awful here), the houses are just flooded. If the poor women are Hindus, they are always put out of the house, in a cow shed, if there is one, or in some awful shanty, rich and poor alike. Nobody will go into the Hindu woman's room for a month here, after the birth of a child, so she has to get right up hereself, whenever she wants anything. Sometimes we go and find that even to the third day, no tea or milk or any food has been given. It is no good our preparing anything as they wouldn't eat from our hand. The Moslem women are not nearly so badly treated in this respect as they are allowed to stay in the house and other people will enter the room. Sometimes

A VISTA OF OUR GROUNDS AND SURROUNDINGS

the sheds, hovels rather, in which the babies are born are so low that we cannot stand upright, and they are usually so dark, in the case of the poor people, that after coming in from the bright sun it is impossible to see the patient at once. You can't imagine the heat of such places; if the people are Hindus they often keep a fire in the room to keep the devils off. If they are Moslems and poor the patient is in the only room and all the cooking has to be done there. The infant mortality is very high in Dacca, around 25 percent. It's a wonder to me that it isn't a 100 percent.

SISTER MARGARET MARY, R.N., SHOWN WITH AN OPEN KIT. DR. DENGEL READY TO HOP OFF, BUT MUST AT PRESENT REMAIN BEHIND THE LINES

We certainly never realized that such poverty could exist. There is one consolation and that is, food is very cheap here, so although the people are so poor they all get enough to eat, at least one doesn't see many very thin people around.

Doctor Dorothy M. Finnigan writes on April 9, 1930, from Holy Family Hospital, Pindi:

We have been very busy lately, having three mem-sahibs besides the wards. It has been quite cool for the last few days and we have had lots of rain and thunder and lightning. It is a great relief after the glaring sunshine.

I have had several cases already, the patients sitting on a stool in the corner of the Operating Room. My first patient was a Mohamedan woman who came with her mother-in-law. When she found that the only cure was to have the tooth extracted, she wanted to go away, but her mother-in-law refused to take her home till she was minus the tooth. Dr. Lyons told me to try and extract it quickly just there in the dispensary. She and Sister Frances held the patient's hand but (entre-nous), they did not do so very effectually and the patient ducked and squirmed and yelled. Meanwhile, the old man and all the other dispensary patients encouraged her to the best of their lung power. The result was that she was more frightened than ever. But still, the mother-in-law refused to let her go. So the patient herself masterfully cleared the room, mother-in-law included and squatted on the floor. Sister Therese knelt beside her and held her hands but her services were really not required. I knelt gracefully on one knee in front of the patient and extracted not one, but two teeth, without the slightest murmur or movement on the part of the poor victim.

The dental chair that is here is the funniest thing you ever saw and causes a great deal of amusement. Opinion is divided as to whether it is a barber's or a dentist's, but he to whomsoever it belonged must have been at least seven feet high. We have shortened its legs and still it is too high for me and there does not seem to be any gadget to raise and lower it, it will only move backwards and forwards. It is going to be installed in my cubby-hole off the dispensary tomorrow however, and we shall see how it will work. Father Ellis and Father Lavery have both been patients already, as also has been Mother St. Sebastian who is a patient in the hospital just now.

Dr. Lyons and Sister Frances are very busy at the moment making a canopy. We are to have the full Holy Week services next week, and it means a lot of preparation. We sing only the strictest Gregorian Chant! I am choirmaster, and I am sure you would all be very much amused to see and hear me. I am anaesthetist-in-chief, too.

We have an Urdu class every morning from 8 to 9. Our munshis' (teacher) wife is in the hospital at present, very bad with T.B.

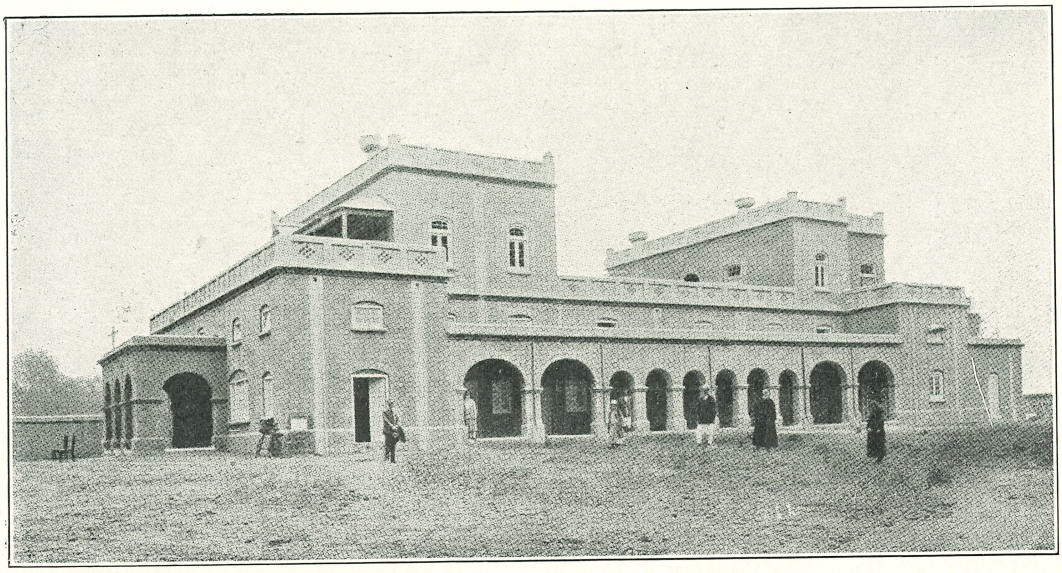
SISTER FRANCES DESCRIBES A GOVERNMENT HOSPITAL OF THE BIG CITY OF BOMBAY

"We spent our first morning in India visiting the King Edward Memorial Hospital. The superintendent of nurses and her assistant are both Catholics. The hospital was opened four years ago, but new buildings are added constantly. There is a large out-patient department, where 800 patients are treated daily in the various departments: Minor surgery, medical, emergency, skin, eye, ear, and throat, etc. There are specialists in all departments. There are signs in three different languages to indicate the departments, and for those who can not read different colored balls.

"There are five large wards for men, two for women, and a new one for children. It is beautifully clean and orderly. I never saw a hospital more beautifully kept. The wards are light and airy. The whole place is well equipped, but they have very few nurses for such a large place. They have about 100 in training and a graduate in each of the different departments and wards. Each nurse in charge of a department takes a post-graduate course before taking charge of it. They get the students from the different schools here. They take only high-school graduates. They wear a little white uniform with a blue belt. The orthodox Hindu girls wear this over their saris. About half of them are Christians of different sects, many of them Catholics, almost a third are Brahmans, some Parsees, and a few Jewesses. All except the latter are Indians. The students eat together, with the exception of the Hindus, who have a separate kitchen and eat by themselves. We saw them cooking curry and rice, and they showed us the different condiments they use. We also watched them making chapatees (wheaten bread), and tasted them; we liked them better than curry and rice. The Medical College is connected with the hospital. There are 300 Indian students. Most of the staff are also Indians who took their degrees in Europe or the United States.

"In the hospitals they have separate kitchens for the different high-caste patients. They have from eight to ten major operations a day, and are always overcrowded.

"We had tea with the superintendent and her assistant, who were extremely kind to us. Thanks to the kindness of Rev. Mother of the Convent of the Franciscan Missionaries of Mary, where we are staying, we will also be able to see a leper asylum tomorrow."



HOLY FAMILY HOSPITAL, RAWALPINDI, INDIA, TAKEN SOON AFTER ITS COMPLETION THREE YEARS AGO. THE DEVELOPMENT OF THE WORK NECESSITATES THE BUILDING OF AN EXTENSION, WHICH IS NOW IN PROGRESS.

HOLY FAMILY HOSPITAL TRAINING SCHOOL FOR INDIAN NURSES

To train natives is one of the great wishes and aims of our Society. Indian young women certainly have the qualities of mind, heart and body to make splendid nurses. The problem, however, is that it is difficult to find girls with the necessary preliminary education. Also Indian women are accustomed to get married very young; as the course takes a minimum of three years, many get married before completing it. Ups and downs in the training of native nurses are inevitable, but in this as in every other Mission task, the only thing is to persevere in spite of difficulties.

SISTER M. THERESE, R.N., WITH TWO CATHOLIC STUDENT NURSES IN THE HOLY FAMILY HOSPITAL, RAWALPINDI

MEDICAL COURSE FOR MISSIONARIES IN WASHINGTON

During the month of July a Medical Course will be given to Missionaries in Georgetown University, Washington, D. C.

YOUTH

(*Continued from page 3*)

time of life, the capacity of enjoying what the world around us can offer, is the greatest. Whether it be friendships, work, physical exercise, the poetry of beautiful things, romantic and heroic, all these reach their zenith of intensity and glamor when seen with the eyes and loved with the heart of youth. Events and incidents appear rose-hued and magnified, everything is viewed optimistically and even clouds have a silver lining. Ambitions, ideals and aspirations know no limits. It is the time of life when heart and soul are like musical instruments vibrating to every holy and noble touch and producing a sense of joy and happiness which in later years much greater things fail to produce. And blessing of blessings, youth is not troubled at the thought of the fleeting years.

Youth being such a gift from God, it is easy to understand what a great gift to God it is to give Him one's youth. Oh God, Who givest joy to my youth, I give you my youth: fresh as the lilies of the field in full bloom, desirous to delight you, to please you, to serve you with my whole heart and soul and mind and strength, I give you the best I have, my youth.

What a pleasing oblation this must be to God and what a blessed offering for the giver. Of all Masters He is the best, most loving and richest. He pays for everything a hundred fold in this life and promised life eternal to enjoy Him for ever.

OUR MEDICAL MISSION CONTEST

IN ANSWER to the wish expressed by the Holy Father to foster public interest in Medical Missions, our Society, through the generosity of a benefactor, offered a contest to college and high school students which closed on May 10, 1930. The answers to the five questions were submitted mostly in the form of essays, which apart from the literary value showed above all the high ideals and noble aspirations of the youth of our day.

The contests with few exceptions showed painstaking research, originality, a true understanding and valuation of Medical Missions, also good composition and neatness. We thank all the contestants for their interest and it is our pleasure to congratulate the following as prize winners:

COLLEGES

First Prize, $25.00—C. Glynn Fraser, Boston College, Boston, Mass.

Second Prize, $15.00—(Miss) Helesy Galeski, Fontbonne College, St. Louis, Mo.

HIGH SCHOOLS

First Prize, $25.00—Miriam Renn, St. Patrick's High School, Brockton, Mass.

Second Prize, $15.00—Rosalie Meagher (Junior Class), Cathedral High School, Richmond, Va.

PRIZE WINNING CONTEST

Submitted by

MIRIAM RENN,

St. Patrick's High School, Brockton, Mass.

1. Why is the care of the sick and afflicted a necessary part of the mission work?

The Catholic Church now has many missions in all parts of the world. Before the missionaries can gain the love and confidence of the natives of the mission lands and instruct them in the truths of our Holy Religion, the barriers of superstition and prejudice must be broken down and abolished. One of the chief means of accomplishing this is the giving of medical aid. This aid is necessary not only to bring the light of faith to the pagan world but also to keep the missionaries themselves fit that they might longer carry on the work of conversion. The good will and affection of all the natives is won by those interested in the health of the inhabitants and who care for the sick.

By the labors of the missionaries as well as by improved means of communication, business relations and the camera, we now have a more complete knowledge of the manners and customs of the people of the East and we have learned of the deadly diseases, many similar to those well known in our country, which undermine their health. The medical mission societies endeavor to alleviate these diseases as far as lies in their power. In many places, particularly in India, where the women of the higher castes are closely secluded, access to them, in religious matters, is made only through medical aid offered by women mission doctors and nurses.

2. In what does the work of a Medical Missionary consist?

The practical expression of Christlike love, made possible through medical mission assistance, is one of the most prominent methods of making Christ's gospel known to all pagandom. Besides visiting the sick in their homes, the work of a medical missionary includes the provision and equipment of mission hospitals and dispensaries, medical schools, training schools for native nurses, infant welfare centers, plague camps, leper asylums and caravan dispensaries which bring medical aid from village to village. That she might succeed in her work, a Medical Missionary should be animated by charity, zeal for souls, and generosity, for souls are won for Christ, not merely by modern equipment and professional ability, but by prayer and self-sacrifice. In one instance, a mission but two weeks in existence treated daily about 100 patients suffering from everything from toothache to leprosy. This proves that a Medical Missionary must be ready and willing to devote her life and skill to the relief of the suffering millions of pagandom and to follow the example of her Divine Teacher, who was accustomed to heal the sick before He preached to the multitude.

3. What phase of Medical Mission work appeals to you the most and why?

I am most interested in the mission dispensaries in India because of the relief, both spiritual and physical that is derived from them for the pagans. Many natives are utterly helpless in caring for themselves when afflicted with some minor disease; it was therefore a necessity that places should be established where they could be treated. Many such stations have been erected both by the Indian Government and by missionaries. There are now in India about 175 Catholic dispensaries which are usually attached to hospitals, orphanages and mission stations. These dispensaries, a veritable godsend to the poor of the surrounding country, are conducted by Sisters. The natives put more faith and confidence in the religious who work for Christ than they do in those who work but for money. Each of these dispensaries is visited daily by a great number of patients. The Sisters, while curing the ailments of their bodies, are assisted by catechists who, by instructing these afflicted people in some practices and beliefs of the faith and by pointing out the consolation offered by the One True Religion, attempt to cure the ailments of their souls.

4. Approximately, how many Catholic Mission doctors are there in the field and how many Protestants?

Approximately, there are 226 Catholic Mission doctors in the field while the Protestants have over 1,100 men and women physicians and surgeons. That the Protestants should have more doctors than we have is reasonable because their medical mission organizations have been established for over 50 years while ours have but lately come into existence. It is hard to understand why we have allowed the Protestants to steal a march on us in the establishment of medical mission societies. Perhaps it was because the men and women sent as missionaries to foreign lands were resourceful and willing enough to use all their ability to relieve whatever human misery they met without being trained as doctors and nurses.

Catholic medical mission societies have now been formed in England, Germany, Scotland, Switzerland, Belgium, France and the United States. In the latter there has recently been organized the Society of the Catholic Medical Missionaries of Brookland, Washington, D. C., which has increased its original membership of 4 to 16.

5. What is the nature and purpose of the Society of the Catholic Medical Missionaries of Brookland, Washington, D. C.?

In 1925 the hopes and prayers of a certain small group of Catholic medical women of this country were realized when the Society of Catholic Medical Missionaries was founded in Brookland, Washington, D. C., with the approval of His Grace, the Most Reverend Michael J. Curley, D.D., Archbishop of Baltimore. The chief purpose of this society is the rendering of medical assistance to the Christians and non-Christians of the mission fields. Besides doctors and nurses also non-medical members are received either to be trained in some branch of the profession or to help with the non-medical work connected with hospitals. The vocation of a Medical Missionary is both spiritual and professional. Living in community, the members observe the evangelical counsels of poverty, chastity and obedience.

One year of probation, devoted to spiritual and missionary training is allowed, after which the candidate makes her promises for a term of three years. The solemn promise and oath are then renewed for another three years before they are taken for life. These promises include the obligation of keeping the constitutions of the Society, of going, without delay, to any region or place where she is sent by her Superior, and of accepting any employment assigned to her.

THE FIFTH ANNUAL CATHOLIC ANTHROPOLOGICAL CONFERENCE

THE fifth annual meeting of the Catholic Anthropological Conference was held on Tuesday, April 22, 1930, at the Catholic University of America, Washington, D. C. Rev. Dr. Wolfe, from Dubuque, Iowa, presiding at the meeting, said he recognized the success and vigor already evident in the work of the Conference and bespoke an even wider sphere of activity in the future. He recommended particularly cooperation with missionaries in the field, and with seminarians and other students at home. Business meetings were held at the first part of the morning and afternoon sessions. Thanks to Rev. John M. Cooper, Professor of Anthropology, Catholic University of America, the enthusiastic organizer and secretary of the Conference, a very interesting program was arranged:

Dr. Biren Bonnerjea, Professor of Bengali and Hindustani, Holy Cross Foreign Mission Seminary, D. C., "The Hindu Family."

Mr. Shi-Lin Chao, Johns Hopkins University, "The Chinese Family."

Rev. James A. Geary, Instructor in Comparative Philology and Celtic Languages, Catholic University of America, "The Early Celtic Family."

Dr. Paul G. Gleis, Walburg Professor of German Language and Literature, Catholic University of America, "The Early Teutonic Family."

Rev. Vincent Koppert, O.S.B., Mt. Angel College, Mt. Angel, Oreg., "The Nootka Family."

Rev. John M. Cooper, Professor of Anthropology, Catholic University of America, "The Origin and Early History of the Family."

Dr. Biren Bonnerjea read a scholarly paper on the Hindu family in which he showed that among Hindus many methods of obtaining a wife had been customary but now-a-days the bride is generally given away by her father to the bridegroom. The ceremony is performed by a priest. Purchase or even capture may be resorted to by the aboriginal tribes. It is a sacred duty of the parents to provide a suitable husband, of equal or higher caste for their daughter. Parents who fail to do so, cannot hope to save their own souls, while their daughter, tolerated and despised during life, is eternally lost. A son, that is one who saves, is the hoped-for issue of the marriage. It is he who will secure eternal bliss for the spirit of his father. Failure to provide a son leads to polygamy. Among the Hindus this alone is the excuse for polygamy. A wife is completely subject to her husband but nevertheless she is absolute mistress within her own household sphere. Much love and affection exist between parents and children.

"The Chinese Family" was the subject of Mr. Shi-Lin Chao's paper. He left no doubt in the minds of his listeners as to the affection and respect to be found among the members. The respect is carried even to the point of honoring them when dead. Such is the explanation of ancestor worship. God, the Creator of the Universe, is the Founder and Father of the world itself. The Emperor is the ruler and father of his country. In like manner the father is the provider and protector of his family. The sexes are segregated at a very early age and marriages are arranged by means of matchmakers. The children themselves are not consulted. That great love develops from such marriages is true; he compared it to the putting of a kettle full of cold water on the fire, which eventually reaches the boiling point. The revolt of the present generation against this matchmaking system constitutes a serious social problem. Impediments are few. Religious ceremonies lasting two days form part of every marriage. Monogamy is the rule. Marriage is looked upon as a holy, indissoluble contract. Divorce is extraordinary and trial marriages do not exist. The father is the head of the family and great respect is shown to the mother, who rules the house. The birth of a son is the cause of much rejoicing, since it is he who will ensure the eternal happiness of the spirits of his dead parents.

The next paper dealt with a different center of civilization, that of the Early Celt. Among these people, bride price has been mistaken for purchase money, where it may be shown to be analagous to the wedding gifts and dowry of the present generation. Marriage impediments existed between members of the same "true family," and between those of a different social class. Divorce was permitted in absence of any issue by the marriage. Temporary marriages lasting one year might be confirmed on the birth of a child, otherwise they were allowed to lapse. The same cause often led to the bringing of a second wife into the house in order that she might provide an heir. Matriarchy was a common feature and women were known to lead armies as well as governed states.

Dr. Gleis discussed the Early Teuton Family, with whom marriage was a mutual contract arranged between families of the same social class, accompanied by an exchange of gifts. Women looked upon marriage, not as the getting of a husband, but the entering into the marriage state, a state to be revered. The bride's opinion and consent were necessary for the legality of the ceremony. No formal decrees of consanguinity appeared until about the 11th century. Fidelity unto death was the marriage formula. Polygamy was the exception. Remarriage was rare and merely tolerated. Celibacy was a matter of disgrace. Neither trial marriages nor divorce existed. Peace, honor and affection ruled the home where women, sharing the toils and pleasures of her husband, occupied a position of great respect.

"The Family Life of the Nootka Indians" was described by Rev. Father Vincent Koppert, O.S.B.

REPORT OF THE DUTCH MEDICAL MISSION BOARD

AT the beginning of our medical mission work we made wide propaganda, while at the same time we performed as much practical work, as was within the reach of our limited means. Several Roman Catholic doctors generously offered their indispensable services.

In connection with propaganda work, we immediately began a medical mission collection to be used for a two-fold purpose. First, during the mission exhibitions of our own and other societies to arouse among the Catholics of Holland, a special interest in medical mission work. Although this end required many extensive activities, we have met with some success. During the last few years we were represented at all the exhibitions here in Holland, where we were able to create an interest in our work and as a result we now receive help from many contributors and benefactors. Our collection begun in a small way has gradually increased and at present we have quite an extensive one at our disposal.

We have edited a handbook descriptive of about 300 objects. Our collection is far from complete, but our financial status does not allow us to carry out this part of the work which is of the utmost necessity if we will reach the second end, for which this collection is being made, to serve as means of instructions to future missionaries. As we have no place of our own at our disposal in which to hold a permanent exhibition, the sphere of utility of our collection is much restricted.

The Medical Mission Committee introduced a course in medical hygiene for missionaries which is held annually in Rotterdam. The fifth session opens on September 16, 1930. Great care is taken to teach the missionaries as much as possible regarding medicine and hygiene in a short period of six weeks. Although so far we have been successful in our courses, there is still room for improvement. We need class-rooms, books, medicines and instruments for the use of those following the courses. Up to the present we have been able to obtain free lodging for the missionaries but without depreciating the great hospitality, which they received eveywhere, considerable inconvenience arises from the fact that they are often at a great distance from the lecture halls.

Another important branch of our work ought to be mentioned: the officially constituted Council of Examination, incorporated in 1928. Up to the first of January, 1929, not less than 80 candidates belonging to 16 different Congregations were examined. Since then the work has been growing at such a rate that the council is unable to keep pace with it.

The rules mention that the Council of Examination be established at St. Francis' Hospital and consist of three members, in the absence of whom three reserves are available. In the election of the members we naturally pay attention to the special requirements of missionaries, leaving for tropical countries. If it is thought necessary, the advice of specialists is sought. The council can make the following decisions: absolute unfitness for missionary work, temporary unfitness, fitness with reserve, and complete fitness. Of course the mission superiors are not bound by the advice of the council, since we act only as advisers.

There is also great room for improvement in this Council of Examination. We would like to have more lectures, more members in the council, more facilities for obtaining the advice of specialists. We dare not propose it, as the work, at present, is done gratuitously, even by the non-Catholic doctors. The Council enjoys the hospitality of St. Francis' Hospital until such a time as we can provide our own quarters. Lastly, the Council would like to be able to keep some of the candidates for some time under observation.

In connection with this Council of Examination, our committee is prepared to contribute to the collecting of medical mission statistics. Without statistics it is impossible to get a right view of the true state of affairs. If general bills of mortality of the Dutch missionaries were instituted, it would be possible for us within a couple of years to see where and what losses have been suffered and we could achieve our purpose more successfully by concentrating our activity where it is most necessary. It is to be regretted that the various Mission Congregations do not see the general usefulness of such a procedure. May it be given to us to establish this so very necessary branch of Mission work on a solid basis in the near future.

Soon after its foundation the Dutch Mission Committee began another institution which also is of the greatest importance to Missionaries, the Bureau of Advice in Matters of Hygiene, to which every missionary in Holland or anywhere on the globe can apply for advice and help. This institution also enjoys the interest of many and in 1928 its advice had been asked not less than 60 times. Questions of all kinds were sent in and if necessary, they were sent on to specialists to be dealt with. This branch of the work is also given gratuitously.

The lay-medical-mission-personnel question is one of the most difficult problems. However, as all the other shoots of our young mission-plant took root so well, we are of the opinion that this last one cannot be overlooked. An extensive committee of representatives of all organizations concerned in this matter will study and investigate this question, and although much can be done at this stage the work would come to a standstill if we could not succeed in obtaining some financial support for it. We cannot overlook this question for there are several missionary countries, where the support of laymen, particularly those having a knowledge of medicine, is an absolute necessity for the growth and spread of the faith in these places.

In connection with the education of doctors, nurses and midwives we greatly desire to get into communication with the medical institutes of other countries who we hope will show their interest in and even lend their support to our work in the low countries.

DUTCH MEDICAL MISSION BOARD.

INDIA AND THE FAITH

IN "Studies of Christian Sanctity," a book recently published in India, the author, Rev. D. Ferroli, S.J., gives an optimistic outlook on India and the Faith.

Father Ferroli says: "For my part, convinced as I am of the inherent strength of Christian Sanctity, I firmly believe that India will one day acknowledge Jesus as the Son of the Living God. But this will be the conquest of genuine Christian Sanctity, not of Christian humanitarianism and philanthrophy. India has ever dreamt of a Supreme Spiritual Power immanent in the world—and Christianity can point to a Divinity that is both immanent and ineffably transcendent. India is the classical home of the Avatars—and Christianity is based on the Divine Incarnation, not the dream of poets and philosophers, but certain with the certainty of an historic fact. India is the land of the poor and the suffering—and the God of Christianity was ever poor here on earth, and died on the Cross. India has often yearned for a Supreme Love, which idealizes the sweetest love—the love of a mother—and Christianity, proclaming the impossibility of any passive element in God, idealizes human love in Mary of Nazareth, the Virgin Mother of God. India feels the tremendous distance that separates us from the Divinity and has peopled her Pantheon with an infinity of souls enjoying for a time the fruit of their merit—and Christianity, always basing her worship on history, points to her numberless Saints, who share by grace God's life for ever more. India is still fearful of malignant spirits, who can harm poor humanity—and holds that he is chained by the power of Christ. India is constantly offering propitiation to the invisible powers who can trouble and worry us in a thousand mysterious ways—and Christianity points out that the world is ruled by a kind Providence, to whom we offer as a daily holocaust, a pure and immaculate Victim. India has always venerated her 'gurus,' though no one would even dream of asking them to exhibit historical credentials for their mission—and Christianity listens to the living voice of Christ still speaking with no uncertain accents through His Vicar here on earth. India honors asceticism and contemplation—and Christianity has canonized mortification in her Saints, and contemplation in her mystics and in her contemplative Orders. India is forever brooding on the vanity of things—and Christianity, though conscious of the great vanity of the world, is always pointing heavenwards, and curing us of our inherent pessimism by the glorious hopes of personal and conscious immortality. India seems at times oppressed by the consciousness of sin and guilt—but Christianity proclaims that in the virtue of Christ she can wipe away our sins, and can administer unto us the great mystery of reconciliation. India, feeling that most of us leave this world covered with the dust of a weary journey, and so are unworthy of the glory of Liberation, has dreamt of a succession of countless lives of unconscious purification where, alas! the possibility of a deeper entanglement in sin has not disappeared forever — and Christianity taking the gem hidden under all this dross, points to Purgatory, where in peace and resignation and absolute freedom from sin we shall be purified of its last remnants. India loves the display of ceremony, and the offering of incense and flowers, and the grand, inspiring processions, and Christianity allures her with the magnificence of her ceremonial and the splendor of her public worship. India has ever manifested her faith in the unseen world by erecting great temples, the wonder of all ages; and the greatest minds and hearts in Christendom have displayed all their ingenuity and their artistic sense in praising the Creator of all in temples so magnificent that they make us catch a glimpse of heaven even here on earth. India wishes her women to be pure and modest and retired, and Christianity is sternly opposed to the exaggerations of militant feminism, and proclaims woman to be the queen of the hearth. Yet in woman she praises virginity more than motherhood, for she knows virginity to be the mother of a wider heroism. But how few among the non-Catholics in India realize the sublimity of this divine vocation! They do not know that a Virgin is wholly devoted to the service of God, for her heart is undivided. They seem to ignore the wealth of charity and self-sacrifice which is treasured in a heart absolutely pure and undefiled. For us Catholics the very name 'Virgin' conjures up sentiments of admiration and joy, and makes us trust that not all is lost in a nation where such flowers still germinate."

He suggests also some modifications in missionary methods. The first is "more direct and intensive missionary work on behalf of Indian women." He thinks this is a work for which American Catholic women are best suited, as possessing "that spirit of independence from routine, and healthy elasticity with regard to 'l'esprit de notre Institut,' which is so necesary to strike upon a new path." Another modification suggested is "the introduction or establishment of Orders of Penance and Contemplation in India," an idea lately advocated by the Holy Father. Again, "the best talents coming out to India must cease to be shut up in colleges and schools, and must be trained to work among the Brahmins and the educated." He suggests that "those missionary bodies which in Europe and in America have organized 'Houses of writers,' should pool their resources and establish a 'House of writers' here in India."

CATHOLIC MEDICAL MISSION HOUSE, BROOKLAND, WASHINGTON, D. C.

THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES

THE Society of Catholic Medical Missionaries was founded in September, 1925, in Washington, D. C., with the approval of His Grace, Most Rev. M. J. Curley, D. D., Archibishop of Baltimore. The Society is designed to meet the need existing in all parts of the foreing mission field for Catholic medical women, willing to devote their life and profession to the service of the suffering millions of Pagandom.

It is intended for qualified women: Doctors, dentists, nurses, pharmacists, dietitians and technicians, etc., who feel attracted to the religious life, and who wish to continue to practice their profession in the service of God as foreign missionaries. These will find ample scope for ther generosity in the Society of Catholic Medical Missionaries, whose purpose is to render medical aid, no disease or condition beng excepted, to Christians and non-Christians, and to bring the light and consolation of our Holy Faith to the people under their care.

The Society will also accept members who possess no medical qualifications, either with a view of training them in some branch of the profession after admission, or with a view to devoting themselves to non-medical work inevitably connected with the undertakings of the Society at home and abroad.

The requirements for admission are the same as for other religious communities.

Please address inquiries to Dr. Anna Dengel, *Catholic Medical Mission House, Brookland, Washington, D. C., U. S. A.*

LEAGUE OF GRATITUDE

THE League of Gratitude is affiliated with the Society of Catholic Medical Missionaries as a spiritual and financial auxiliary. As its name implies, its motive is to express gratitude for the gifts of Faith and Health by bringing these gifts to the inhabitants of Mission Countries who are deprived of both.

Members pledge themselves:

1. To offer thanks to God frequently for the gifts of Faith and Health and ask His blessing on the Medical Mission Apostolate.

2. To contribute towards this Apostolate through one of the Branches listed below:

Eucharistic Branch: To which belong Bishops and Priests who promise one or more Masses annually for the Medical Missionaries and members of the League.

Our Lady's Branch: Including Religious Brothers and Sisters who offer prayers for the Medical Missionaries and the members of the League.

St. Joseph's Branch: Those who contribute $500.00 or more to the works of the Society.

St. Luke's Branch: Those who contribute $100.00 to the same object, either in one donation or covering a period of years.

St. Anthony's Branch: Those who contribute $50.00 in one donation or covering a period of years.

Little Flower Branch: Those who contribute annually $1.00 or more to the works of the Society.

Junior Branch: Those students who contribute 10 cents.

In addition to the Masses and Prayers of the Members of the *League*, Benefactors are remembered daily at Holy Communion and in all the prayers and works of the Medical Missionaries.

He who soweth in blessings shall also reap of blessings. Everyone as he has determined in his heart, not with sadness or of necessity, for God loveth a cheerful giver. (St. Paul, Lesson 2, Cor. 9 C.)